



**TOWN OF ISLIP**  
**OFFICE OF THE TOWN CLERK**

REGI

**NA V. DUFFY**  
TOWN CLERK & REGISTRAR

**Application for Carnivals, Circuses and Outdoor Shows**

**MUST HAVE SKETCH INDICATING THE LOCATION & NUMBER OF ALL RIDES, CONCESSIONS & EQUIPMENT TO BE PLACED ON THE SITE**

Date Application Submitted: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Purpose of Amusements and disposition of proceeds: \_\_\_\_\_

Name two organization representatives & positions:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_

Home Tel #: \_\_\_\_\_

Business Tel #: \_\_\_\_\_

Business Tel #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**Telephone or Cell # of person who will be at the event the day of:** \_\_\_\_\_

Name, Address, Tel. # of Carnival Operator: \_\_\_\_\_

Full description of amusement activities: \_\_\_\_\_

Number of Rides: \_\_\_\_\_ Adult Rides: \_\_\_\_\_ Children's Rides: \_\_\_\_\_

Days and hours of operation: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Location of Rides: \_\_\_\_\_

Specify whether barricades will be needed: YES NO if so how many? \_\_\_\_\_

**\*\*ANTICIPATED ATTENDANCE (REQUIRED):** \_\_\_\_\_

Organization representative: \_\_\_\_\_

Signature & Title: \_\_\_\_\_

Organization representative: \_\_\_\_\_

Signature & Title: \_\_\_\_\_

**(NOTE: If food is going to be served, Suffolk County Dept. of Health Services must be contacted at 631-854-0410)**

## Application for Carnivals, Cruises and Outdoor Shows

All amusement are prohibited in the Town of Islip except those conducted under the sole management and for the profit of local religious, fraternal, education, political, veterans', firemen, civic, non-profit or charitable organizations when authorized by a permit approved by the Town Board **\*\*SITE MUST FIRST BE APPROVED**

ALL PERMIT APPLICATIONS MUST BE FILED WITH THE TOWN CLERK AT LEAST FORTY FIVE (45) DAYS PRIOR TO THE COMMENCEMENT OF SUCH EVENT.

**TIME LIMIT:** No more than six (6) days duration and only two (2) permits may be issued per organization for each calendar year.

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**1. LIABILITY INSURANCE CERTIFICATE - TOWN OF ISLIP MUST BE NAMED AS ADDITIONAL INSURED.** Not less than \$1,000,000 dollars for bodily injury and \$200,000 dollars for damage to property\*. All insurance will be non-cancelable without ten (10) days prior written notice to the Town Clerk.

**\*ADDITIONAL INSURANCE COVERAGE MAY BE REQUIRED.**

**2. SURETY FOR RESTORATION OF PROPERTY:**

Deposit may be paid by cash or certified check to the Town Clerk. (If the applicant fails to clean and restore the amusement area, or if damage is done to public or private property as a result of said amusement event, the Town Clerk may apply the surety to the cost of cleanup or restoration and may recover from the organization such additional costs as may be incurred.)

**3. LETTER OF PERMISSION FROM PROPERTY OWNER (NOTARIZED)**

**4. REGISTRATION OF PROFESSIONALS AND CHARITIES:**

Every professional fundraiser and charitable organization shall provide proof of valid registration with the Secretary of State and also proof that a surety bond is on file with same naming them as obligor.

**5. PROOF OF INSPECTION:**

Prior to opening, all mechanical rides must be inspected by the New York State Department of Labor. (Town Clerk's Office initiates this process.)

**6. RESTRICTIONS REVOCATION:**

No permit for an amusement event shall be issued, and any outstanding permit may be revoked if the Town Board determines that such amusement event includes an activity which, in the judgment of the Town Board will disturb the order and peace of the Town or will jeopardize the health, safety or welfare of the residents of the Town of Islip.

**7. INSPECTIONS:**

Event will be subject to inspections to ensure ingress and egress for emergency vehicles.

**8. \*\* ANTICIPATED ATTENDANCE OF 5,000 OR MORE:**

Event will be subject to inspections to ensure compliance with Islip Town Ordinances and NY State Fire Code chapter 24 regarding crowd control. Applicant must supply a NYS Sanitary Code Part 18 permit issued by Suffolk County Department of Health Services.



TOWN OF ISLIP  
OFFICE OF EMERGENCY MANAGEMENT

Incident Action Plan

Title of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

The purpose of this Incident Action Plan (IAP) is to identify and mitigate any potential risks associated with the planning, implementation and successful completion of the above referenced event. The parties that are planning and coordinating this event are committed to ensuring that all participants, sponsors, community members and emergency personnel are able to partake in the event in a safe and organized manner. The procedural information contained herein will be strictly adhered to.

Event Description: \_\_\_\_\_

Hours of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Command Post Location: \_\_\_\_\_

Incident Commander (on scene person in charge of event): \_\_\_\_\_

Incident Commander’s Phone Number: \_\_\_\_\_

Medical Emergencies Procedure

All medical emergencies will be reported to the Command Post by use of \_\_\_\_\_, or by verbal means. The Incident Commander will call directly to the \_\_\_\_\_ and report the incident/ problem. The EMT(s) will report to the Command Post, as appropriate, when entering the event and notify the Command Post when leaving the event. Responding emergency units will enter the event from \_\_\_\_\_ (street). The Incident Commander will make sure an area is open to allow EMS personnel, vehicles and equipment access to the event grounds wherever emergency assistance is needed. The nearest hospital for receiving patients is \_\_\_\_\_.

Police Emergencies

For all police emergencies, 911 will be called. Police enforcement will be provided by the \_\_\_\_\_ Precinct.

Lost Child Procedure: Police will be notified.

In the event of a lost child, he/she should be taken to the Command Post. The child, if able, will be asked to provide parent/guardian information. Lost child announcements will be made from \_\_\_\_\_, informing the crowd of the situation. The child will remain under the supervision of the Command Post who will ensure the child is comfortable and safe until his/her parent/guardian arrives. Police should be present to check identification of adult claiming to be the parent/guardian before release.

Communication Plan (List how Incident Commander & coordinators will communicate): \_\_\_\_\_

Important Phone Numbers: (\*\*Fill In Name, Providing Agency & Contact Number\*\*)

Incident Commander (On scene): \_\_\_\_\_

Deputy Commander (On scene): \_\_\_\_\_

Event Coordinator/Planner: \_\_\_\_\_

Emergency Medical Services: \_\_\_\_\_

Chief/contact person: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Chief/contact person: \_\_\_\_\_

Police Precinct or Cope Unit: \_\_\_\_\_

Precinct Commanding Officer/contact person: \_\_\_\_\_

Additional Security (if any): \_\_\_\_\_

FYI Phone Numbers:

Town Emergency Management .....	224-5730	Town Dept. of Public Works .....	224-5623
Town Public Safety .....	224-5306	Town Clerk’s Office .....	224-5490

Add any other emergency contacts that you deem appropriate: \_\_\_\_\_

\_\_\_\_\_